

Fee Transmittal

Application Number 10/038,080

Art Unit 1639

Filing Date January 3, 2002

Confirmation No. 7358

Inventor(s) Peter C. Isakson et al.

Examiner Name Jon D. Epperson Ph.D.

Attorney Docket Number PHA 4142.2 (2891/3)



[] Applicant claims small entity status.

METHOD OF PAYMENT

[] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[X] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

Fee Calculation

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [X] EXCESS CLAIM FEES

Total Claims 24 - 20 (HP) = 4 x Fee \$50 = \$ 200.00
Indep Claims 5 - 6 (HP) = 0 x Fee 0 = \$ 0
Multiple Dependent Claims Fee \$ 0
(HP = highest number of claims paid for)

Subtotal (2) \$ 200.00

3. [] APPLICATION SIZE FEE

Total Pages _____ - 100 = _____ ÷ 50 = _____ x \$250 = \$ _____
(Application + Drawings)
(round up to whole #)

Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] Four month extension of time
[X] Third Supplemental Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[X] Other: Two Terminal Disclaimers

Subtotal (4) \$ 2,030.00

TOTAL AMOUNT OF PAYMENT \$ 2,230.00

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January 27, 2005

Date

KMP/lam
Express Mail Label No. EV 453250791 US